

**Maricopa County Superintendent of Schools**  
**2006 Governing Board Election**  
**Packet Request Form**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

School District: \_\_\_\_\_

Incumbent:    ☐ Yes    ☐ No

Term:            ☐ 2 yr.    ☐ 4 yr.

Submit your completed form to:

Elections Division  
Governing Board Packet Request  
4041 N. Central Ave., Suite 1100  
Phoenix, Arizona 85012

For further questions, contact:

Hope Olguín,  
Elections Division  
602-506-3978  
602-506-3753(fax)  
[holgui@schools.maricopa.gov](mailto:holgui@schools.maricopa.gov)